DOCUMENT RESUME

ED 246 633 EC 162 885

AUTHOR Rourk, Jane Davis; Mitchell, Marlys M.
TITLE Occupational Therapy and Special Education: Team Approach to Prevocational Services.
PUB DATE Apr 84
NOTE 16p.; Paper presented at the Annual Convention of the Council for Exceptional Children (62nd, Washington, DC, April 23-27, 1984).
PUB TYPE Speeches/Conference Papers (150) -- Information Analyses (070) -- Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Disabilities; *Federal Legislation; History; Occupational Therapists; *Occupational Therapy; Program Descriptions; Secondary Education; Vocational Education

ABSTRACT

Since passage of P.L. 94-142, the number of occupational therapists being employed in public schools is increasing significantly; the implications of this trend for special education are considered. Legislation regarding occupational therapy is reviewed, particularly regarding the use of occupational therapy in the school system. Several models of service delivery are examined, including direct service, consultation, itinerant, and school/center based. Three major functions of occupational therapists in vocational readiness programs are mentioned--assessment of students, task/job analysis and evaluation of adapted equipment and environment. Finally, the program developed in one North Carolina school system to provide an effective vocational readiness program to mentally handicapped students is described. (SW)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☐ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

ED246633

Occupational Therapy and Special Education: Team Approach to Prevocational Services

Jane Davis Rourk, OTR
Occupational Therapy Consultant
Department of Public Instruction
Raleigh, North Carolina

Marlys M. Mitchell, OTR
Professor, Occupational Therapy Division
University of North Carolina
Chapel Hill, North Carolina

Presented at the 62nd Annual
Conference for Exceptional Children
Washington, D.C.

April 26, 1984

EC162885

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Jane Davis Rourk
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

OCCUPATIONAL THERAPY'S PHILOSOPHICAL SUPPORT OF WORK

Since the passage of PL 94-142 in 1975, the number of occupational therapists employed in public shools has increased significantly. These therapists share the concern of educators that many special needs students are not developing the vocational readiness skills that prepare them to make successfully the transition from the role of student to worker.

The profession of occupational therapy has, from its beginning in the early 19th century, philosophically supported the concept that work and work related activities are important to the physical and mental well being of individuals. Society has generally considered work to be those things that persons do for which they are paid. This definition excludes many of the more involved handicapped students that are served by special education. Occupational therapy is committed to a broader definition of work. Gary Kielhofner, an occupational therapist, has recently stated it well when he said, "The concept of work should include all forms of productive activities whether or not they are reimbursed - - - productive activities are those that provide a service or commodity needed by another or add new abilities, ideas, or knowledge, artistic objectives or performance to cultural tradition (Hopkins & Smith, 1983)". This definition is broad enough to include individuals such as school children, whose work role is to study and to learn as well as hobbyists, homemakers, volunteers, and amateur artists.

The professional roots of occupational therapy are found in the care

of the mentally ill. In the 18th century, a more humane approach began to be used in their treatment which included work style programs. A variety of names are used in the literature to describe these programs such as activity, industry, or alternative occupation. One of the first statements of philosophy for the young developing profession was provided by Adolph Meyer, a physician, who said that healthy living involved a blending of work and pleasure (Hopkins & Smith, 1983). In the first educational standards written by the profession in 1923, a theoretical design was included to train therapists to teach occupations which would help individuals to move from acute illness to vocational training (Overview, 1982).

Again in 1955, 1978, and 1979 the profession reaffirmed its committment in new or revised philosophy statements to the use of work or occupation in the treatment of patients. In the 1978 statement, the occupational behavior theory of Mary Reilly was included, which says that man through the use of his hands can influence his state of health (Overview, 1982).

LEGISLATIVE MANDATE OF VOCATIONAL REHABILITATION PROGRAMS

In 1920 the first Vocational Rehabilitation Act was enacted by the Congress. It made rehabilitation services available to physically handicapped persons for the first time. This legislation established the beginning structures for the Division of Vocational Rehabilitation Services that is present in individual states today. The Vocational Rehabilitation Act of 1943 defined vocational rehabilitation and stated that physical

restorative services were necessary to assist disabled individuals to return to reimbursed work (Overview, 1982).

Between 1954 and 1968, Congress passed a series of amendments that gradually expanded the role of the federal government in providing rehabilitation services. Prevocational evaluation and training programs were included in the services provided by rehabilitation units of hospitals and other facilities. Occupational therapists had major responsibilities for providing these services during this period.

The Rehabilitation Act of 1973 (PL 93-112) repealed the 1943 Vocational Rehabilitation Act and completely restructured the federal rehabilitation program. The focus of this legislation continued to be assisting handicapped persons to become employable (Overview, 1982).

In 1978, Congress again made major amendments to this Act which were called The Rehabilitation, Comprehensive Services, and Developmental Disabilities Amendments (PL 95-602). This Act expanded services to include comprehensive services for independent living, written individualized rehabilitation programs, and research projects for children and elderly (Overview, 1982).

The provision of independent living services allowed rehabilitation programs to serve severely handicapped persons who were not considered to have potential for employment. However, it was possible for them to function more independently with services such as occupational therapy.

During the 1983-1984 Session, Congress reauthorized and strengthened the Rehabilitation Act. One major change is that information gathered through the mandate of PL 94-142 has to be used by State Vocational Rehabilitation Agencies to assess future needs for handicapped individuals. Congress wants to stimulate increased collaboration at the state level between vocational rehabilitation and educational agencies to make the transition from school to adult life smoother for handicapped students (Overview, 1982).

This will be an important trend if it occurs. After the passage of PL 94-142, many State Vocational Rehabilitation agencies decreased their services to handicapped students of older school age. Since the Individualized Education Program (IEP) for these students is required to contain goals related to vocational training, Vocational Rehabilitation assumed that school systems with their new federal funding could serve the vocational needs of the special education population (Overview, 1982). It is clear that the vocational readiness needs of handicapped students can only be met by cooperative programming by these two agencies. Occupational therapists employed in school programs can be instrumental in facilitating these cooperative programs.

ENTRY INTO THE SCHOOL SYSTEM

Since 1975 when the law mandated the use of occupational therapy by schools as a related services, educational personnel and parents have become more familiar with this group of professionals who have historically

been identified as a health profession. Sarasan (1974) has referred to non teachers in the school system as "irregularities". How do irregularities become regularities? In North Carolina as well as in other states, occupational therapists are becoming more common sights. Coincident with PL 94-142, we contacted the Director of the Division for Exceptional Children at the State Department of Public Instruction, expressing our interest in initiating services from occupational therapy for exceptional children. We proposed a plan which was welcomed and implemented. The State now has one occupational therapy consultant (and one physical therapy consultant) employed by that agency. This consultant has a University faculty appointment. This individual is responsible for developing guidelines for practice, for implementation of services, for orientation of educational personnel, for advocating salary scales and other employment - in short, for ensuring good service delivery to students in the public schools by occupational therapists. The work of this consultant and all the therapists employed in the public schools includes attention to the vocational needs of exceptional children. The strength of the North Carolina model is its situation at the State Department of Public Instruction which creates a high level of administrative uniformity for services, yet permits local flexibility. This model has been discribed in the literature (Lindsey, Rourk, and Mitchell, 1980; Mitchell and Lindsey, 1979).

APPROACHES TO SERVICE DELIVERY

In educational settings a variety of service delivery models can be

used. A school system should carefully assess its needs for service before deciding the most appropriate model to use. Several models are reviewed here.

Direct Service

The role of the occupational therapist as a direct service provider is an important one and is used to increase a student's independent functioning and performance abilities. In this model the therapist is responsible for the assessment, intervention, planning, and reevaluation of the student. Since one therapist can serve approximately twenty to twenty-five students using this model, it requires a high ratio of therapist to students.

Consultation

In the consultation model, the the therapist advises principals, teachers, parents, and students about the need for services and the nature of the services. The therapist also gives suggestions for adaptations and adjustments of the physical environment, adaptations or adjustments of the students physical capability or capacity, self-care skills, and management of activities of daily living.

Itinerant

In the itinerant model, a therapist may serve several schools in a education agency (LEA). The therapist often has to transport assessment

tools and treatment equipment from school to school. Travel time and gas costs are factors to be considered when this model is used.

School/Center Based

One or more therapists in a school or center can provide this most effective and most efficient service. This is the ideal model for educational staff, therapists, and students. There is every opportunity for collaboration between and among professionals (Mitchell, 1971).

ROLES AND FUNCTIONS

Assessment of Student

There are three major functions of occupational therapists in Vocational Readiness Programs: assessment of students, task analysis, and adaptive equipment or the environment of the handicapped student. What are the abilities, personal traits, and individual characteristics of an individual in considering vocational or prevocational evaluation and career planning? The occupational therapist will assess the student's physical qualities or limitations. Does he sit in a wheelchair: Can he stand? For how long? What is his cognitive capability? How does he relate to peers? To those in authority? What is his sensorimotor skill? Does he have mobility problems? Does he have bowel and bladder control? Is he independent in self-care/activities of daily living? Does he have any job-seeking skills (interviewing)? Does he have job-keeping skills (attendance, punctuality, productivity, work attitude)? What is his work

capacity (Matheson, 1984)? Does he have leisure skills?

Task Analysis/Job Analysis

What are the cognitive and physical requirements of the job or task? Will he be working with ideas? data? people? things? Is the physical activity light, moderate or heavy? Is supervision required - and how much? What are the work hours? Is travel involved? What upper extremity function is involved? How much manipulation skill is required. Does the job require ambulation or use of stairs? How many process steps are involved in the job?

Task analysis addresses a hierarchy of learning a task or skill (Gold,1982). It breaks down an activity to determine all of the skills required for successful completion. What physical skills are required, for example, to screw a nut onto a bolt? What physical and visual skills are necessary to cut a pad of paper? In a job analysis, we can evaluate a number of factors. These include physical demands, cognitive demands, stress factors, task analysis, and environmental analysis.

Adapted Equipment/Adapted Environment

Is the work environment accessible? Are the eating facilities accessible? the restrooms? Do ramps need to be built? Does the student need to wear a splint? Must he use an adapted pencil? Does the school desk accommodate long leg braces? Is the time between classes long enough to walk independently to the restroom and back? Must equipment on the job have

a bent handle or a longer handle so that the student can reach it? Do the scissors used on the job facilitate the task, or do they require unusual pressure or strength to use?

The OT is qualified and ready to be a professional ally and "regularity" in the school system. Occupational therapists serve important roles and functions as members of the educational team which concide with the teacher's role - all helping the student.

AOTA INVOLVEMENT

The American Occupational Therapy Association is the recipient of a 3-year grant from the Office of Special Education and Rehabilitation Services (Overview, 1982) to conduct inservice training programs for occupational therapists, based on specialized competencies, to provide vocational readiness programs for handicapped students in the school system. The program has been reviewed by educators, OTs, vocational rehabiliators, sociologists, and allied health personnel. A pilot training program has been conducted and six regional workshops are planned for the 1984-1985 year.

CASE STUDY

As occupational therapists and special educators recognized that the vocational needs of many handicapped students were not being met by existing programs, they began to look for ways to more effectively provide vocational readiness programs. One common problem seems to be that many students who have learned work skills through vocational training programs

offered by the schools are either not being placed in jobs or are not successful once they are on the job.

One school system in North Carolina used the method to be described in an attempt to correct this problem area. A multidisciplinary group was identified to review the problems and recommend suggestions for providing more effective vocational readiness programs to mentally handicapped students. The team included a special education teacher, occupational therapist, principal, vocational education teacher, and a psychologist.

The first part of the process was to do a community survey to determine what types of jobs were available in the community that would be appropriate placements for this population. The community survey helped to raise the consciousness of the business community to the needs of the disabled individual. It also established valuable contacts that could be used in the future to support the school's program. The community survey was later expanded to identify the specific skills that were necessary for a student to have to succeed at the job such as using public transportation.

After the data from the community survey was analyzed, a list of the potential jobs was made. The eight jobs that seemed to have the best prospects for placing students were selected from the list and a complete job analysis was done. The information that was gotten in the task analysis section of the job analysis was used as a bases for developing the evaluation and training procedures of the program.

The evaluation of the students participating was done jointly by the teachers and occupational therapists. The therapist evaluated the students to determine their physical limitations including muscle strength, range of motion, endurance, and developmental level. Other areas tested were perceptual abilities, activities of daily living skills, and the need for adaptive equipment. The level of intellectual functioning was tested by the psychologist and the teacher. The psychologist also tested the students for personality characteristics and vocational aptitudes when appropriate. The school social work provided information about the social and financial status of the student and his family. This information may have to be gotten by the teacher or therapist if no social worker is available in the school system.

The training phase was then planned and developed. It was decided that a simulated work environment that utilized real life work situations would be set up in a separate room in the school. This approach would allow the students to practice skills and behaviors in a setting that closely resembled the actual work environment (Overview, 1982). Handicapped people can be successfuly trained to perform complex tasks. However, one of the difficulties in successfully placing this type of individual on a job has been that community employers wll not allow for the extended period of time often required to train handicapped students. The simulated job setting allows students to be trained at their own pace prior to arriving at the work site (Overview, 1982). The intent of the

program was not to teach a job or particular trade but the skills and behaviors that are work related. These included developing good work habits, positive work attitudes and behaviors, good interpersonal relationships, work tolerance, proper appearance and groom techniques.

There were two phases included in the simulated work program. One was the training phase and the other was the productive phase. Each student was initally trained in the simulated work environment on a designated work task. Some of the work tasks were stuffing envelopes on an assembly line, bagging and sealing, assembling a nut or bolt unit, making beds, and folding pizza boxes. Criteria of speed and quality of work were established for the student to meet before being allowed to move into the production phase. The criteria for advancement were set individually for each student after the present level of function and potential for learning were carefully considered.

The production phase consisted of graduated steps from simple to complex. These included starting a new task when asked, recognizing when a defective part was involved, and general assembly line activity.

The simulated work setting also included other real job experiences such as the use of time cards, required appropriate behavior during times of non-production, and being fired from the work setting. When a student had to be "fired", they were allowed to return to the work setting after a negotiated period of time.

The final step was placement of the students into jobs. An important part of this step is assisting the students to be successful in the job by providing adequate follow-up. The school program described is trying to develop ways of doing this better and to give support to the employer and the students for several months following placement.

SUMMARY

Occupational Therapy and Special Education must continue to work together to improve the vocational process for special needs students. Both the individual student and the community have a great deal to gain from the availability of quality vocational readiness programs.

References

1. Gold, M: Try Another Way - Champaign, Ill.,: Research Press, 1982.

2. Hopkins, H.L. and Smith, H.D., Occupational Therapy, 6th Edition, Philadelphia: J.B. Lippencott Company, 1983.

3. Lindsey, D., Rourk, J. and Mitchell, M.M.: Model Programs - A Statewide Approach to Planning Therapy Services, Chapel Hill, N.C., Unpublished manuscript, 1980.

4. Matheson, L: Work Capacity Evaluation. Huntington Beach, CA: Work Evaluation Systems Technology, 1984.

5. Mitchell, M.M. Occupational Therapy and Special Education - Working Together for the Child. Children Today 1971, 18, (5) 183-186.

6. Mitchell, M.M. and Lindsey, D: A Model for Establishing Occupational Therapy and Physical Therapy Services in the Public Schools. Amer J Occup Ther 1979, 33, 361-364.

7. Overview of Occupational Therapists' Role in Vocational Readiness of Handicapped Students in the School System. A grant funded by the Office of Special Education and Rehabilitation Services to the American Occupational Therapy Association, Rockville, MD, 1982-1985.

8. Sarasan, S.B. The Culture of The School and The Problem of Change, Boston: Allyn and Bacon, Inc. 1974.